MINUTES
Alabama Medicaid
Pharmacy and Therapeutics Committee
July 2, 2003

Attendees: Jefferson Underwood (Chair), Rob Colburn, Richard Freeman, W. Thomas Geary, Jr., A. Z. Holloway, Ben Main, Gary Magouirk, Ray Thweatt, Dane Yarbrough, Mike Lewis, John Searcy, Mary McIntyre, Mary Finch, Louise Jones, Mike Murphy, Beverly Churchwell, Rob Dibenedetto, Steve Espy, Tim Covington, Mike Kendrach, guests (81).

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(1) The meeting was called to order by Dr. Underwood at 1:00 p.m.

(2) Dr. Underwood asked the P&T Committee members to inform Medicaid if they were unable to attend P&T Committee meetings. Dr. Underwood stated that the charge of the P&T Committee is not to recommend coverage but is to develop a nonvoluntary preferred drug list in which nonpreferred drugs would require prior authorization. Further, if P&T Committee members note discrepancies in pharmacotherapy reviews, they should submit documentation supporting any rebuttal.

Dr. Underwood stated that the current drug expenditure of Alabama Medicaid is approximately $515 million per year. This represents a >360% increase since 1992. He further stated that Alabama Medicaid is working to streamline the PA process and is developing policy for interaction between the P&T Committee members and the pharmaceutical industry.

(3) Louise Jones encouraged P&T Committee members and guests to check the Medicaid web-site regularly to follow implementation processes associated with the passage of H.B. 603.

(4) Commissioner Lewis thanked the P&T Committee members for their past service and work as Alabama Medicaid moves toward a mandatory preferred drug list and asked for continued support from the P&T Committee.

Commissioner Lewis noted that a copy of H.B. 603 was included in each P&T Committee member's packet. In the implementation of a mandatory preferred drug list, it was noted that antiretroviral and antipsychotic drugs were exempted. Further, Commissioner Lewis stated that Alabama Medicaid was open to voluntary negotiations on drug discounts but that H.B.603 does not require supplemental rebates. Policies and procedures associated with H.B.603 implementation will be posted on the web-site of Alabama Medicaid. Policies will be reviewed with the pharmaceutical industry on July 14. Commissioner Lewis stated that implementation of H.B.603 was being addressed in an atmosphere of fairness, openness and integrity.

Commissioner Lewis announced P&T Committee meetings in July, August and September and that approximately 20 therapeutic classes of drugs would be reviewed. The mandatory preferred drug list will take effect October 1, 2003 with DUR "hard edits." "Soft edit" alerts will begin September 1. Commissioner Lewis stated that a one (1) page, simplified PA form is probable, with the possible exception of human growth hormone; a mechanism is in development for voice approval of prior authorization requests; and Alabama Medicaid is working toward placing the preferred drug list on PDAs.

(5) Dr. Underwod opened the floor of the P&T committee meeting to five (5) minute presentations from meeting guests.

In the therapeutic category of antidepressants, five (5) minute presentations were made on Zoloft® (Pfizer), Remeron® (Organon), Effexor XR® (Wyeth), Wellbutrin SR® and Paxil CR® (GlaxoSmith-Kline) and Lexapro® (Forest).

In the therapeutic category of narcotic analgesics, a five (5) minute presentation was made on Avinza® (Organon).

In the therapeutic category of platelet aggregation inhibitors, five (5) minute presentations were made on Aggrenox® (Boehringer-Ingelheim) and Plavix® (Bristol Myers-Squibb).

(6) After the five (5) minute presentations, Dr. Underwood asked all guests to place their signature on the sign-in sheets at the table outside the auditorium. Further, Dr. Underwood reminded all present that pharmacotherapy reviews and P&T Committee discussion was not to address cost. Rather, the focus of reviews and discussion was to address issues of safety, effectiveness and whether any brand name product reviewed offered any significant therapeutic advantage, in general use situations, over multisource products automatically exempted from the prior authorization process.

(7) The pharmacotherapy reviews addressed antidepressants, narcotic analgesics and platelet aggregation inhibitors.

A. The P&T Committee voted unanimously to accept the recommendation that no brand name tricyclic antidepressant, tricyclic-like antidepressant (i.e., maprotiline, amoxipine), trazadone (Desyrel®), nefazodone (Serzone®), venlafaxine (Effexor®, Effexor-XR®) bupropion (Wellbutrin®, Wellbutrin-SR®), mirtazapine (Remeron®), or MAOI antidepressants be recommended to Alabama Medicaid for preferred drug status as effective antidepressants are available as multisource products and exempt from the prior authorization process.

Medical Director	☒ Approve	☐ Deny	☐ Approve with Modification
Deputy Commissioner	☒ Approve	☐ Deny	☐ Approve with Modification
Commissioner	☒ Approve	☐ Deny	☐ Approve with Modification

B. The P&T Committee voted to accept the recommendation that brand name sertraline (Zoloft®) not be recommended to Alabama Medicaid for preferred drug status for use in adults 18 years of age and older but that sertraline (Zoloft®) be exempted from any prior authorization requirement when prescribed for patients under 18 years of age.

deny & research issue, present. Sept meeting pediatric portion

John Seavey MD Medical Director	☐ Approve	☐ Deny	☑ Approve with Modification	
Kathy Hall Deputy Commissioner	☐ Approve	☐ Deny	☑ Approve with Modification	
Nick Lewis Commissioner	☐ Approve	☐ Deny	☑ Approve with Modification	

At this point of the P&T Committee meeting, Dr. Thweatt asked if patients currently stable on nonpreferred brand name drugs would have to receive a prior authorization from Alabama Medicaid to continue nonpreferred brand name drug therapy after the October 1, 2003 implementation date. Alabama Medicaid responded that this issue is being addressed by the Agency as a policy issue.

C. The P&T Committee voted unanimously to accept the recommendation that no brand name singe-entity narcotic analgesic be recommended to Alabama Medicaid for preferred drug status as effective single-entity narcotic analgesics are available as multisource products and exempt from the prior authorization process.

John Seavey MD Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification	
Kathy Hall Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification	
Nick Lewis Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification	

D The P&T Committee voted unanimously to accept the recommendation that no brand name combination narcotic analgesic be recommended to Alabama Medicaid for preferred drug status as effective combination narcotic analgesics are available as multisource products and exempt from the prior authorization process.

John Searcy MD Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Kathy Hall Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Nick Lewis Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

E. The P&T Committee voted unanimously to accept the recommendation that no brand name antiplatelet medication (i.e., platelet aggregation inhibitor) be recommended to Alabama Medicaid for preferred drug status.

John Searcy MD Medical Director	☑ Approve	☐ Deny	☐ Approve with Modification
Kathy Hall Deputy Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification
Nick Lewis Commissioner	☑ Approve	☐ Deny	☐ Approve with Modification

4. The time and location of the August 6, 2003 P&T Committee meeting was announced to be 1:00 p.m. in the Capital Auditorium.

5. The meeting was adjourned at 4:05 p.m.

Respectfully Submitted,

Tim R. Covington, Pharm.D.

9/11/03
Date

TRC:isa